



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• NJ0053294799

INSTALLATION ADDRESS

BRAD-DAVID DISTRIBUTORS INC  
855 INDUSTRIAL HIGHWAY  
CINNAMINSON NJ 08877

855 INDUSTRIAL HIGHWAY  
CINNAMINSON NJ 08877







## I.D. - FOR OFFICIAL USE ONLY

S																				T/A	C	
W																					1	
1	2																			13	14	15

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

N.A. 1. IGNITABLE  
(D001)

N.A. 2. CORROSIVE  
(D002)

N.A. 3. REACTIVE  
(D003)

N.A. 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED



ROY ADLER - EXECUTIVE V.P.

6/30/80



Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

NJ D05 32947992

I. NAME OF INSTALLATION

BRAD-DAVID DISTRIBUTORS INC

II. INSTALLATION MAILING ADDRESS

855 INDUSTRIAL HWY.

PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION

CINNAMINSON, N.J. 08077

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., &amp; day)

NJ D05 32947992

8/10/83

I. NAME OF INSTALLATION

BRAD-DAVID DISTRIBUTORS INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

855 INDUSTRIAL HIGHWAY

CITY OR TOWN

ST.

ZIP CODE

CINNAMINSON

NJ 08077

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

SAME 855 INDUSTRIAL HIGHWAY

CITY OR TOWN

ST.

ZIP CODE

SAME CINNAMINSON

NJ 08077

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

GOVER NORMAN M GENL MGR

609-829-9553

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

CONSOLIDATED CHEMEX CORP

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY

S	W	A	J	D	O	S	3	2	9	4	7	9	9	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001	2 F002	3 F003	4 F004	5 F005	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K049	14 K050	15 K051	16 K052	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

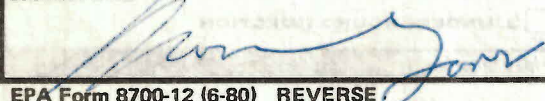
## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED



NORMAN M. GOVER-GENL. MGR.

3/20/81

EPA Form 8700-12 (6-80) REVERSE





U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

BRAD-DAVID DISTRIBUTORS INC

II. INSTALLATION MAILING ADDRESS

855 INDUSTRIAL HWY.

PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION

CINNAMINSON, N.J. 08077

DUP

## FOR OFFICIAL USE ONLY

## COMMENTS

15	16																			55
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INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., &amp; day)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

## I. NAME OF INSTALLATION

BRAD-DAVID DISTRIBUTORS INC

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

855 INDUSTRIAL HIGHWAY

CITY OR TOWN

CINNAMINSON

ST.

ZIP CODE

NJ 08077

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

SAME

CITY OR TOWN

SAME

ST.

ZIP CODE

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

GOVER NORMAN M GENL MGR

PHONE NO. (area code &amp; no.)

609-829-9553

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M = NON-FEDERAL

M

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## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

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☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



## DETACH

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

waste from non-specific sources your installation handles. Use additional sheets if necessary.											
1		2		3		4		5		6	
F001		F002		F003		F004		F005			
23	-	26	23	-	26	23	-	26	23	-	26
7		8		9		10		11		12	
23	-	26	23	-	26	23	-	26	23	-	26

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<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>
K049	K050	K051	K052		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31			32			33			34			35			36		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26
37			38			39			40			41			42		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26
43			44			45			46			47			48		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26

23 - 26		23 - 26		62 - 65	
<p><b>D. LISTED INFECTIOUS WASTES.</b> Enter the four-digit number from hospitals, medical and research laboratories your installation handles. 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary Use additional sheets if necessary.</p>					

49		50		51		52		53		54	
23	26	23	26	23	26	23	26	23	26	23	26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

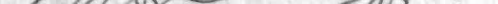
☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) NORMAN M. GOUGE, GEN'L. MGR.	DATE SIGNED 3/20/81
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